



Employee of the Month Nomination Form

HUMAN RESOURCES DEPARTMENT
ATTN: HR/Recognition Committee

Employee Being Nominated for Award: Name: _____ Employee I.D.: _____

NOTE: Temporary, Contract, and Probationary employees are not eligible

Employee Nominating the Above Person for the Award: _____

Department Director Approval: _____ Department: _____ Date: _____

Award Criteria

Employee of the month evaluation should specifically focus on job related outputs and/or accomplishments in a **minimum of one or more of the following:**

- **Initiative/Employee Innovation/Customer Service**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Positive employee interaction**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Productivity/Quality Improvement**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

- **Cost Savings/Cost Avoidance**

Please describe an event and/or outcome(s) that shows how the person meets this criterion:

Official Use Only Below

The above mentioned candidate has been: ☐ selected ☐ non-selected

Chairman Signature: _____

Date: _____

Executive Secretary Signature: _____

Date: _____